

FILED FEB 6 1948
Registration District No.

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County... Jasper
(b) City or town... Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital, Joplin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... No record
(Specify whether years, months or days)
In this community... All her life

3. (a) PRINT FULL NAME Pearl Abernathy

3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex... F / 5. Color or race... Wh 6. (a) Single, widowed, married, divorced... W 2
6. (b) Name of husband or wife... Elmer Abernathy 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... Nov. 4 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 13 If less than one day br. min.

9. Birthplace... Walnut Grove, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name... Wm. O'Neil
13. Birthplace... No record
(City, town, or county) (State or foreign country)
14. Maiden name... Sarah Meredith
15. Birthplace... No record
(City, town, or county) (State or foreign country)

16. (a) Informant... Freeman Hospital
(b) Address... Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... Jan. 20, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation... Ozark Memorial

18. (a) Signature of funeral director... Parker-Hunsaker
(b) Address... 1502 Joplin, Joplin, Mo.

19. (a) 1-20-48 (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper
(c) City or town... Joplin
(If outside city or town limits, write "RURAL")
(d) Street No... 1513 E. 5th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1948 hour 1: minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-8 to 1-17 1948
that I last saw him alive on 1-17-1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death...

Due to myocardial infarction

Due to hypertensive cholecystitis

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...

Of autopsy...

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...
While at work... (Specify type of place) (e) Means of injury...

23. Signature... Date signed... 1-20-48

VS
MAY 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Gap Hill me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.